STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	002656	A. BUILDING: _____ B. WING _____	07/28/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT ARBORWOOD	430 CLEVELAND RD GRANGER, IN 46530

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey Dates: July 25 and 28, 2014 Facility Number: 002656 Provider Number: 002656 AIM Number: N/A Survey Team: Shauna Carlson, RN - TC Julie Baumgartner, RN Sharon Ewing, RN Pamela Williams, RN Census Bed Type: Residential: 55 Total: 55 Census Payor Type: Other: 55 Total: 55 Residential Sample: 7 Emeritus at Arborwood was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey. Quality Review 07/29/14 by Lisa McColly	R 000		